

COLORADO METHAMPHETAMINE TASK FORCE

Meeting February 4, 2011

10:00 am – 1:00 pm

**Colorado Municipal League
1144 Sherman St., Denver, CO**

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Chair – Attorney General John Suthers

Vice –Chairs:

- *Treatment* – Charlie Smith, Director, Division of Behavioral Health, CDHS
- *Prevention* – José Esquibel, Director, Interagency Prevention Systems Program, CDPHE
- *Law Enforcement* – Lori Moriarty, Retired Commander, Thornton Police, Department, North Metro Drug Task Force

Attendees: John Suthers; José Esquibel; Lori Moriarty; Rachel Allen; Shane Bahr; Nancy Burke; Chele Clark; Melissa Gallardo; Liz Hickman; Stan Hikely; Val Kalnins; Janelle Krueger; Lloyd Malone; Carmelita Muniz; Mike Root; Janet Rowland; Jeanne Smith; Ken Summers; Jade Thomas; and Kathryn Wells.

Guests: Colleen Brishnehan; Kent MacLennan; Lew Turner; Morgan Weaver; Brenidy Rice; Nicole Erb; David Schiller; Nhu-Hinh Le; Kodi Johnson; Jonathan Judge; William Nagle; Curiel Duffy; Beverly Gmerek; Jacki Westhoven

Introductions: Members and guests introduced themselves.

Review and Approval of Minutes: November 5, 2010 were approved by motion and unanimous vote.

Announcements from the Task Force and Relevant Legislation:

Shane Bahr - Judicial and ITFT are sponsoring a Best Practice Conference April 26 –28th and the Colorado Alliance for Drug Endangered Children is part of it. Registration information went out yesterday. There are a limited number of seats for this. The location is Renaissance Hotel in Denver.

Attorney John Suthers – Senator Mike Kopp is introducing a bill to address K2 Spice and Vanilla Spice, names for synthetic marijuana. We are not expecting any issues regarding this bill; however some merchants may have issues.

Jeanne Smith – The legislative Joint Budget Committee (JBC) activities are taking away some funding for substance abuse services, for example HB-1352, money is being taken away. These “savings” are a transfer of general funds. These funds were suppose to be used for treatment. The JBC is looking at this money as “not obligated” and therefore available for balancing the state budget. HB-1360 is another bill that was created for funding treatment services but JBC also raided this source. This is one of the issues that will be talked about at an upcoming treatment conference.

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Rachel Allan– Littleton and other small communities have called and asked about this cut back in treatment funding.

Lloyd Malone – With all the budget cuts we are seeing more cuts to the communities and the Early Intervention Programs which is resulting in the raise in drug abuse. The agencies have spent down all the money this year and will be spending more money on just the basic needs of the communities and not on prevention.

Rep. Massey proposed a bill regarding medical marijuana and it looked like the bill was drafted by the industry. There are a few issues that are problematic and we are running against the Board of Health at the Health Department and the rule making process. This is one of the issues that you can compromise on. We have to state very basic needs. This bill was supposed to clean up the language and close up the holes in last year's medical marijuana legislation. There are a couple major issues, including physician's repeals and cloning plants. The process at the Board of Health is being worked on and giving more credence to the language need in the current proposed legislation.

Kathy Wells– Is there anything going on with the medical board regarding this? I will be attending a meeting that will be discussing how to handle the issue of young children using their parent's medical marijuana cards to purchase the drug. A number of physicians are not willing to talk about it. We are finding that most people just don't want to talk about this because of the politics with marijuana.

Attorney John Suthers – We are finding that the schools are expelling a higher number of students due to drug violations. These students want the medical marijuana versus the street marijuana since medical marijuana is stronger than what is sold on the street.

José Esquibel – Proposed a presentation to the State Meth Task Force on the issue of school drug violations and marijuana use among adolescents at the next meeting for a fuller discussion.

Tom Gorman, Rocky Mountain High Intensity Drug Trafficking Area – I have been working on meth issues since 1969 and I thank you for your work. With regard to the possible ballot push for legalizing marijuana, we need to form a coalition in Colorado to counter this upcoming initiative. I am asking this group and other coalitions or societies to sign a resolution against legalizing marijuana. I am working with Nicola Erb who will be coordinating this effort with various partners.

Kent MacLennan – The Colorado Meth Project continues its media and outreach campaigns. Our third wave of the media campaign will launch in early May along with the release of the 2011 Colorado Meth Use & Attitudes Survey. Meanwhile our outreach efforts continue statewide with the introduction of a new "teen-activated design" workshop where teens will be creating their own poster campaign to help spread the "Not Even Once" message. We are

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piloting this program in Loveland and then will be implementing a statewide rollout beginning in Morgan County as part of their “Not Even Once” Week in late April. In addition to adding two interns to support specific parts of the outreach campaign, Lew Turner has joined the Colorado Meth Project as Director of Fund Development. We are working to build a sustainable funding model that does not rely on any government support. To do so, we are working to establish partnerships with businesses and corporations, both in Colorado and on a national level.

Val Kalnins, R. Ph— regarding prescription drug monitoring, DORA’s recommendation is to do it for eleven years and the committee is recommending five years. The fee on a cap has become a major political issue.

Rural Law Enforcement Meth Initiative

Nicola Erb, RLEM Coordinator

The Rural Law Enforcement Meth Initiative (RLEMI) has lead to various organizations connecting in new ways to help rural communities that continue to address major meth issues.

The initiative brought in funds to complete an assessment of the meth problem in rural communities: Elbert County (18th JD); Otero, Bent and Crowley (16th JD); Garfield & Rio Blanco (9th); Logan, Morgan, Kit Carson, Yuma, Washington, Sedgwick and Phillips (13th). In addition to analyzing data from various state, regional and local sources, over 110 people were interviewed.

Areas of focus the rural areas; there are many ambassadors in the communities. These ambassadors had interviewed at least 25 people in their respective community.

- Elbert and Lincoln County had 25 + participants. Findings:
 - Interest in drug endangered children issues
 - Concerns about youth and activities
 - Need for Education
 - Parenting class overlap
 - No recovery services
 - Openness in schools
 - Concern about the “L”
 - Need for Rec Center
 - Faith Base Support
 - Marijuana Grows/lab Possibilities
 - Family Planning Programs CUT
 - Child Care and Transportation challenges
- Otero, Bent and Crowley had 30+ participants. Findings:
 - HIGH interest in drug endangered children
 - Need connection of efforts
 - Need for Education in narcotics for Law Enforcement

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- Parenting class needs
- No recovery services
- Contradictions with Treatment
 - New center is coming
- Perception of “No Enforcement Now”
- Needs training paired with public information
 - Highest teen pregnancy rate region
- Caste system /farming vs. town
- Poverty Issues
- Leader’s vs. on the ground opinions
- Logan, Sedgwick, Phillips, Yuma, Washington, Morgan, Kit Carson (13th) had 25+ participants. Findings:
 - HIGH Meth Data
 - Law enforcement will show up
 - Metro-Centric Concerns
 - Child Focus
 - Need for Recovery Support Systems
 - Large Area – more to learn
 - High desire to participate
 - Mexican National DTO’s a concern
 - Small DTF
 - Law enforcement cooperation vs. reality
 - DEC could be a connector
- Activity Spotlights
 - DEC, PCA and Recovery Support
 - Judicial Training – sponsored by Attorney General’s Office
 - National Guard Drug Prevention Programs
 - Red Ribbon Month – Year round services
 - Stay on Track
 - Coalition Support
 - Narcotics 1-Day Summits
 - CLEOA (CO. Law Enforcement Officers Association) Supervisor Training
 - Colorado Meth Project

We are finding that there is a need for resources for the rural areas. Law enforcement is showing up at these meetings and is want to participate in the trainings. The communities are looking for ways to provide treatment services and keep all the activities in the areas.

We are trying into the 1-800 children phone line. We are making pocket cards for the law enforcement to give to them. One of the issues is that they (law enforcement) are not aware of the resources that are available to them. When we are in a small rural area we can get the training in. We can tailor some of the information to get to the small communities. We

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would like to see it at the POST level and also at all levels. We need to get to the training managers in each region.

National Pharmaceutical Drug Take Back Initiative

Kevin Malory- Diversion group Supervisor

US Drug Enforcement Administration, Denver Field Office

Prescription drugs are becoming the number one issue for death of overdoses for kids. September 2010 was the first take back operation. 70 agencies participated and we took back 8.5 tons of drugs. A lot of locations were set up to be convenient but if we put the locations convenient for the public to bring the drugs to you.

The DEA will be leading a second take back operation scheduled for April 30, 2011. This is a Saturday and will be from 9 – 3. We need help getting out the news about this Take Back event. As part of the last Take Back event we did not address taking back unused medications from Long Term Care Facilities. Half way houses are also areas that we need to reach. How can they be part of this operation this year? We are going to put out a letter asking them to coordinate a pick up with the police area.

Local Police and Sheriff Departments can go on line and register to be a Take Back site.

Are there are any objections for the State Meth Task Force to be a sponsor for this?

Action: By unanimous consensus the Stet Meth Task Force agreed to be listed as a sponsor of the 2011 Take Back event.

Legislative Options for Reducing Methamphetamine Production

Commander Jerry Peters, North Metro Drug Task Force

Sgt. Jim Gerhardt, North Metro Drug Task Force

Commander Peters and Sgt Gerhardt presented information on the re-emergence of meth production in the southwest United States that is just beginning to emerge in Colorado. One means of mitigating this trend is to pass legislation making products with pseudoephedrine available only by prescription in our state.

Current Situation:

- Meth lab incidents have increased by 61% across the US from 2007-2009 (EPIC)
- Metro-Denver lab seizures and leads are significantly increasing (CDIA)
- Clean up costs average \$5,000 – 10, 000 per lab with no guaranteed of federal funding (DEA)
- Methamphetamine seizures increased 32% across the US from 2007 – 2009 (NDIC)

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Per the Colorado Investigators Association – In preparation for the 2011 Legislative Session, CDIA is recommending additional controls over pseudoephedrine, the key precursor to manufacturing methamphetamine.

There is a raise in the number of local meth labs being discovered across the United States. May local meth users have returned to making their own product and the large scale Mexican labs have returned to southern California. Both types of operations are relying on a practice known as “smurfing” wherein individuals go to multiple pharmacies to buy products that contain pseudoephedrine (buying up to the legal limit) and then selling what they acquire to meth producers. There were several Colorado meth lab seizures in 2010 where this trend was identified.

California, Arizona, and Utah drug enforcement officers have also reported highly sophisticated smurfing operations involving large groups of Mexican citizens, who are provided with multiple false ID cards, and smurfing tens of thousands of pseudoephedrine pills in major US western cities to be used in large-scale labs in California.

California is expected to make changes in its laws that will make the acquisition of pseudoephedrine products harder to acquire. The concern is that the large-scale meth producers will shift their operations to nearby western states that do not have laws restricting access to pseudoephedrine.

Option 1 = to track pseudoephedrine purchases through a single database (CHIPA). This will not stop smurfing and thus will not mitigate the expected increase in meth labs in Colorado.

PROS	CONS
Lab seizures will likely increase	More strain on criminal justice, human resources, treatment, probation, etc with increased arrests
More lab operators will be arrested and prosecuted	Lab clean up costs
Limited fiscal impact to the State for implementation	Investigative time/resource increase
No special interest opposition	Does not prevent meth production
	Criminals will still evade detection

Option 2 = Outlaw Sudafed or make it prescription only. In other states, making Sudafed prescription only proved the law has help drop the number of meth labs. If CA passes the law to make it prescription only, other western states, such as CO would be the next in line to become a big producer of meth.

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PROS	CONS
Prevents local and interstate meth production	Minor inconvenience to the public
Keeps people out of DOC	Special interest opposition
Keeps kids safe	
Allows law enforcement resources to address cartel and local distribution activities	
Virtually no fiscal impact to the State implementation	

Recommendations:

The State of Colorado must address the availability of pseudoephedrine products to decrease local meth production and prevent Colorado pharmacies from being smurfed by sophisticated groups of suppliers and producers. CDIA strongly recommends supporting legislation in 2011 to make pseudoephedrine available by prescription only in the State of Colorado.

Comments

Do you have any sense of how significant the battle is in any state taking this on?

- In Nevada the manufactures are attending the meetings at the legislation and are trying to stop these types of bills. There are over 137 over the counter medicines available to treat colds and allergies that do not contain pseudoephedrine.

There is another issue out there, APRES is starting to make a buzz about tracking systems and the system will not really work, they will only catch a very small percentage.

Do some of the items have more pseudoephedrine in them than others?

- There are varying amounts in pseudoephedrine in the product. The problem is the smurfs just buy more of the product and break it down

In the states that have you have to have a prescription to buy pseudoephedrine, what is the effect?

- Oregon has been meth lab free for five years. More importantly, meth labs have not returned to Oregon while in the rest of the county meth lab incidents are on the rise. There have been no adverse effects in Oregon because of this action. Shelves are still lined with cold and allergy medicine containing reformulated products for consumers (without pseudoephedrine).

What is the cost factor? Does a person have to always go to the doctor for the prescription?

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Representative Ken Summers will be meeting with pharmacy representatives and is willing to have an initial conversation with them about this issue.

Attorney General Suthers asked if the plan was to try to pull together this legislation this legislative session knowing that only two states having done so already.

- Several other states are attempting to run similar legislation.
- There is also credence to just putting a bill out there so that the notice is out there that someone in Colorado is paying attention to the issue. It could dissuade some meth producers. National might be able to do this because all of the states are doing it.

Val Kalnins mentions that the pharmacy associations are in support of this across the states. Insurance companies are just now saying that we have to pay for this.

Commander Peters and Sgt Gerhardt said they would like to get a bill presented this session and partner with other states to show support for this endeavor. They asked that if they are able to move forward to gain legislative support if a bill in Colorado, can they say that the State Meth Task Force is behind this initiative?

Action: Through unanimous consensus, the members of the State Meth Task Force in attendance agreed that State Meth Task Force is indeed supportive of limiting access to pseudoephedrine products through legislation in order to mitigate an increase in meth production in Colorado.

Medical Marijuana Waste Disposal

Matt Cook, Dept of Revenue

Thirty-two stakeholders came together in August to discuss the issue of medical marijuana waste disposal in order to put additional rules to the place. One of the items that we put in place is the requirement that a camera be on site of medical marijuana dispensaries 24/7. The one thing that we needed to look at was the waste disposal.

We are looking at the rules and regulations that are being developed by the Colorado Department of Revenue. We have looked at a number of ways to get rid of the waste. The Colorado Department of Public Health and Environment has the authority to pass the rules and regulations on what is considered waste.

Here is what is being drafted by the Department of Revenue based on input from CDPHE:

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Statement of Basis, Purpose and Statutory Authority of Proposed Regulation

1 CCR 212

Regulation 43.3

Basis and Purpose:

Section 12-43.3-202(2)(a)(XII), C.R.S., of the Code give the State Licensing Authority the ability to promulgate a rule regarding sanitary requirements associated with the liquid and solid wastes that are the bi-products of the preparation of medical marijuana. This rule ensures that the liquid wastes associated with the preparation of medical marijuana- infused products are properly disposed, thereby ensuring Colorado 's wasters are not negatively impacted by such preparation. In addition, this rule sets forth how solid medical marijuana waste must be disposed, thereby ensuring that such waste is not mixed with general trash.

Reg 43.3 – Waste Disposal.

- A. Medical marijuana waste must be stored, secured and managed in accordance with Dept. of Revenue (DOR) and other applicable state statutes and regulations
- B. Medical marijuana waste must be stored secured and managed in accordance with local and state regulations, ordinances and other requirements.
- C. Liquid waste from medical marijuana facilities shall be disposed of in compliance the applicable Water Quality Control Division statues and regulations.
- D. Medical marijuana waste must be made unusable prior to leaving a registered facility's (i.e. grow operations, medical marijuana dispensary, marijuana infused product supplier) secured storage and management area.
- E. Medical marijuana waste shall be rendered unusable through the following methods:
 - a. By grinding and incorporating the medical marijuana waste with non-consumable, solid wastes listed below such that the resulting mixture is a least fifty percent non marijuana waste:
 - i. Paper waste
 - ii. Plastic waste
 - iii. Cardboard waste
 - iv. Food waste
 - v. Grease or other compostable oil waste
 - vi. Bokashi, or other compost activators
 - vii. Other wastes approved by DOR that will render the medical marijuana waste unusable
 - viii. Soil
 - b. By incorporating the medical marijuana waste with non-consumable, recyclable solid wastes listed below:
 - i. Grease or other compostable oil waste
 - ii. Bokashi or other compost activators

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- iii. Other wastes approved by DOR that will make the medical marijuana waste unusable
- F. After the medical marijuana waste is made unusable, then the solid waste shall be:
 - a. Disposed of as a solid waste at solid waste site and disposal facility that has a Certificate of Designation from the local governing body and that is approved by DOR
 - b. Deposited at a compost facility that has a Certificate of Designation from the Dept of Public Health and Environment and approved by DOR
 - c. Composted on-site at a facility owned by the generator and operated in compliance with the Regulations Pertaining to Solid Waste Sites and Facility (6 CCR 1007-2, Part 1) in the CO Department of Public Health and Environment

The product will be tracked from the time it is going into the ground through harvest and then the waste has to be stored under lock and key until the waste company can pick it up, if it starts at 1lb it must be a 1lb at the end of process. Revenue is able to do random checks at each site and look for specific items that may in violation of the rules that are passed by Revenue.

Comments:

Enforcement on the codes is 1 officer per 15 sites and we hope to have 100 FTE statewide to do these checks.

93 issues have already been given out for cause. There will be revenue for the state.

Will you be able to use this for the law enforcement needs?

We are a licensing agency and do checks on the licensing and if the police ask us to do something with and site based on need. Grow labs are a big problem for the police and law enforcement.

Substance Exposed Newborns Subcommittee

Kathryn Wells, MD, Denver Health

Jade Thomas, Ex. Director CO DEC

The SEN committee has been meeting every two weeks. The group is looking at every angle of this issue. The identification piece is still a problem. How do we protect the other kids in the family? The fear from the parent's point of view is; will child welfare or the law enforcement agencies get involved? How do we treat the women that need treatment but are not telling their physicians about it? We took these issues to the group and looked at the legal issues of this, we are finding that law enforcement doesn't want to prosecute the women; they want to get the women in treatment.

The following statute only protects women during pregnancy: "No information not otherwise

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required to be reported pursuant to CRS 19-3-304, obtained as part of screening or test for purposed of prenatal care, of a woman who is pregnant or determining if she is pregnant, relating to substance use shall be admissible in any criminal proceeding. Nothing in this section should be interpreted to prohibit prosecution of any claim or action related to such substance use base on independently obtained evidence”

Comments:

This is important for us to make this a seamless process. We really need to conduct an educational process for the medical community, much like Screening, Intervention and Referral to Treatment (SBIRT). There are so many pieces that need to be put in place but we still have issues of the confidentiality laws. We need to be sure that treatment is available once we do the screening of these pregnant women.

At the last meeting we talked about the SEN Subcommittee recommendations and the action steps. We would like to have the State Meth Task Force review and approve the recommendations. Once this is done, we will start working on what we can change. This is just one piece of the whole picture.

Maybe do something like SBIRT, screening across the board, and to do this as a regular part of your visit to the doctor so that it doesn't look like we are picking on women of color and low economically status.

Are you ready to move this forward and get feed back from the group? This refers to prenatal care only. Pursuant to CRS 19-3-204 will take precedent if there are other children in the home.

Consensus from the group

1. Move forward with talking to the legislators
2. May have to do some of this process through e-mail
3. No fiscal note attached to it
4. CJJ is in support of this.
5. School based health center, is there something Jo English should be aware of this?
6. Chief association will support this, might be a different angle about this.
7. Right to life angel, you might get some push back on this from this group.
8. Who is going to be working at this at the capital?

Next Meeting:

Mary 6, 2011

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